

Commonwealth of Massachusetts

Department of Public Safety (DPS) **Application for Certificate of Inspection**

APPLICATION FOR CERTIFICATE OF INSPECTION PROCEDURES

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Attached, please find a Department of Public Safety (DPS) Application for Certificate of Inspection for a new or existing building or location. Please note that effective October 3, 2008, inspection fees have been revised.

The application must be completed pursuant to Massachusetts General Law (MGL) Chapter 111 §§ 51 and 71 and 780 CMR (The State Building Code, Section 106 and Table 106. (Also see MGL Chapter 140 § 206 for Public Swimming Pools.)

Following an inspection by a Department of Public Safety Building Inspector, please mail the "completed" application along with a check payable to the Commonwealth of Massachusetts to the following address (State-owned buildings and locations are exempted from fees):

Department of Public Safety 50 Maple Street - Suite One Milford, MA 01757-3698 Attention: Linda Shea

Phone Number: (508) 422-1955 Fax Number (508) 422-1954

E-mail address: Linda.Shea@state.ma.us

Please Note:

- 1. Application forms with accompanying fee must be filed for each building or structure or part thereof that is to be inspected and certified.
- 2. Completed Applications with appropriate fees *must* be received by the Department of Public Safety (DPS) prior to the issuance of a *certificate of inspection*. A certificate of inspection will not be issued until the application and fee has been received and processed by the Department of Public Safety.
- 3. Certificates for premises that serve alcohol on-site must also be inspected by a representative from the municipal fire department. It is the responsibility of the certificate applicant to contact municipal fire services to schedule a fire safety inspection. Failure to call for an inspection by fire services may cause a delay in the issuance of a Department of Public Safety (DPS) *certificate of inspection*.
- 4. Inspection requests must be received by the Department of Public Safety (DPS) at least thirty (30) days prior to the expiration of a current certificate.



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In accordance with the provisions of Massachusetts General Law Chapter 111 and\or 780 CMR (The State Building Code), Table 106, I herby apply for a Certificate of Inspection for the below-named premise located at the following address:

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Address of Premise	Street Name and Number				
	City\Town		Zip Code		
Purpose for which premise is used					
Certificate to be issued to Identify exact name of premise to be printed on certificate					
Owner of Record					
Contact Person Please indicate the person	Contact Name		Contact Phone Number		
responsible for assuring inspections are completed	Title		Contact E-Mail Address		
Signature of person to whom the Certificate of Inspection shall be issued	Print Name and	Title	Signature		

FEE SCHEDULE & CERTIFICATE INFORMATION

Please enclose a copy of the expired DPS certificate for all existing locations.

Please provide the DPS Tag Tag Number		Is this a New Facility?			Is this an Existing Facility?				
Number if known			Yes		No		Yes	No	
Certificate of Inspection	Frequency	Fee	Number of units		Total Fee				
Group Residences	Biennial	\$200.00							
Clinics, Infirmaries (Institutional Buildings)	Biennial	\$200.00							
Hospitals-First 100 Beds	Biennial	\$200.00							
Each Additional 25 Beds		\$ 10.00							
Day Care Centers	Annual	\$ 100.00							
Assemblies (1 to 500 occupants)	Annual	\$ 100.00							
Each additional 200 occupants		\$ 10.00							
Residential									
Total Fee Submitted									
Return this application with a check made payable to the Commonwealth of Massachusetts to Department of Public Safety				s to:	Inspected By				
50 Maple Street – Suite One Milford, MA 01757-3698 Attention: Linda Shea						Date Inspected			